U.S. Patent and Tradomork Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a volid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/583,864	
Filing Date	October 19, 2007	
First Named Inventor	Elko ZAKEL et al.	
Title	OPTICAL SYSTEM	
Art Unit	2851	
Examiner Name		
Attorney Docket Number	73476	

I hereby revoke all previous powers of attorney given in the above-identified application.									
	A Power of Atto	rney is submitted herewith.							
\boxtimes	OR [000023872					
	OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:								
		Prectitioner(s) Name	Registration Number						
Pleas	se recognize o	r change the correspondence address	for the abov	e-identified ap	plication to:				
The address associated with the above-mentioned Customer Number. OR									
The address associated with Customer Number: 000023872									
	Firm or Individual Name								
Addre	58								
City			State		Zip				
Count									
I am th			Email	<u> </u>					
×	Applicant/Invento								
	Statement under	ord of the entire interest. See 37 CFR 3,71. 37 CFR 3.73(b) From PTO/SB/96) submitted t	erewith or filea	on					
		SIGNATURE of Applican	t or Assignee o	of Record					
Signal		- LALAA		Date	12.10,2009				
Name		Elke ZAKEL U		Telephone	03321 44 95 100				
Title and Company CEO, Pat Tech - Packaging Technologies GmbH									
NOTE: Signatures of all the inventors or sesignaes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submitted.									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to rile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/583,864	
Filing Date	October 19, 2007	
First Named Inventor	Elke ZAKEL et al.	
Title	OPTICAL SYSTEM	
Art Unit	2851	
Examiner Name		
Attorney Docket Number	73478	

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR		000023872							
I hereby appoint Practitioner(s) named below as my/our attorn to transact all business in the United States Patent and Trade	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:								
Practitioner(s) Name		Registration Number							
		·							
Please recognize or change the correspondence address	ss for the above	/e-identified application to:							
The address associated with the above-mentioned Customer OR	Number.								
The address associated with Customer Number: OR	0000238	000023872							
Firm or Individual Name									
Address			-						
City	State	Zip							
Country Telephone	1 =								
I am the:	Email								
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) aubmitted	d horowith or filed c	Оп							
SIGNATURE of Applica	ant or Accignoc o	of Rogard							
Signature Co. A		Date 12.10.2009							
Name Ghassem AZDASHT		Telephone +49 0/3321 · 44-95-4	22						
Title and Company NOTE: Signatures of all the Igneritors or assigned of the course (or control of the control of the course (or control of the course (or control of the control of the course (or control of the con	rest de India concognit	Notherland are seen that the s							
NQTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of forms are submitted.									

This colloction of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the UAPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the UAPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S., Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.